Checklist of Special Care Conditions

As you build your family through adoption, it is important to thoughtfully consider the various special care conditions that may affect the child you adopt.

Our experience is that different people have different feelings about their ability to care for a child with various conditions. What is considered a major challenge to one person is accepted as a minor special need by another.

Your decisions will be influenced by your life experience, the financial and health care resources available to your family, the accessibility to knowledgeable doctors, the ages and needs of other children in your family and your support network.

Dillon International staff are not medical professionals and do not provide medical advice. **Please take the time to discuss the checklist with a medical professional so that you receive adequate information to assist your decision making process.**

Another educational resource is the medical encyclopedia at **http://www.nlm.nih.gov/medlineplus/encyclopedia.html**. The checklist will be discussed during your adoption process and can be altered at any time.

Noting a willingness to consider a special care condition does not obligate your family to adopt a child with that particular condition.

We recognize this is not an easy task and deeply respect your family's considerations.

Please mark Y for Yes, N for No or M for Maybe.

GENDER

Female	Y	N	M
Male	Y	N	M
Either	Y	N	M
Siblings	Y	N	M
Twins	Y	N	M
Special needs	Y	N	M

AGE (check all that apply)

- ☐ 6-24 months
- ☐ 24-36 months
- ☐ 36-48 months
- ☐ 4-5 years
- ☐ 5-7 years
- ☐ 7-9 years
- ☐ 9-12 years
- ☐ 12-16 years

BIRTH CONDITIONS

Premature	Y	N	M
Low birth weight (under 4.5 lbs)	Y	N	M
Poor weight gain	Y	N	M
Respiratory distress syndrome	Y	N	M

BIRTH FAMILY BACKGROUND

Smoking during pregnancy	Y	N	M
Drinking during pregnancy	Y	N	M
Drug use during pregnancy	Y	N	M
Medication use during pregnancy	Y	N	M
Birth mother HIV+	Y	N	M
Birth mother Hepatitis B+	Y	N	M
Incest	Y	N	M
Mental illness	Y	N	M
Mental retardation	Y	N	M
History of genetic disease	Y	N	M
Physical disabilities medical conditions	Y	N	M
Conceived by rape	Y	N	M

BLOOD CONDITIONS

Anemia	Y	N	M
Diabetes	Y	N	M
Hemophilia	Y	N	M
Thalassemia	Y	N	M

HEARING/EAR

Ear atresia	Y	N	M
Microtia	Y	N	M
Partial hearing loss	Y	N	M
Deafness	Y	N	M

HEART AND PULMONARY

Murmur-unknown prognosis	Y	N	M
Patent Foramen Ovale	Y	N	M
Atrial septal defect	Y	N	M
Ventricular septal defect	Y	N	M
Tetralogy of fallot	Y	N	M
Pulmonary atresia	Y	N	M
Patent ductus arteriosis	Y	N	M
Asthma	Y	N	M
Lung disease or damage	Y	N	M

INFECTIOUS DISEASES

Hepatitis B-carrier	Y	N	M
Hepatitis B-active	Y	N	M
Hepatitis C	Y	N	M
HIV+	Y	N	M
Syphilis	Y	N	M
Tuberculosis-latent infection	Y	N	M
Tuberculosis-active	Y	N	M
CMV	Y	N	M

LIMBS

Extra or webbed fingers	Y	N	M
Partial or missing fingers, hand, arm	Y	N	M
Extra or webbed toes	Y	N	M
Partial or missing toes, foot, leg	Y	N	M
Club foot	Y	N	M
Hip dysplasia	Y	N	M
Radial club hand	Y	N	M

MUSCULOSKELETAL

Arthritis	Y	N	M
Arthrogryposis	Y	N	M
Funnel chest or pigeon breast	Y	N	M
Hemiparalysis	Y	N	M
Multiple sclerosis	Y	N	M
Osteogenesis imperfecta	Y	N	M
Rickets	Y	N	M
Scoliosis	Y	N	M
Small stature (dwarfism)	Y	N	M
Torticollis	Y	N	M
Paralysis-paraplegia or quadriplegia	Y	N	M
Crutches or braces-current or future	Y	N	M
Wheelchair confined	Y	N	M

NEUROLOGICAL

Autism-suspected unknown	Y	N	M
Brachial plexus injury	Y	N	M
Cerebral Palsy	Y	N	M
Hydrocephaly	Y	N	M
Macrocephaly	Y	N	M
Microcephaly	Y	N	M
Schizencephaly	Y	N	M
Neurofibromatosis	Y	N	M
Polio history	Y	N	M
Spina Bifida	Y	N	M
Meningocele/myelocele	Y	N	M
History of meningitis/brain infection	Y	N	M
Other brain abnormality	Y	N	M

CRANIOFACIAL/ORAL

Cleft lip-unilateral	Y	N	M
Cleft lip-bilateral	Y	N	M
Cleft palate	Y	N	M
Cleft lip & palate	Y	N	M
Facial palsy	Y	N	M

DEVELOPMENTAL

Developmental delays	Y	N	M
Failure to thrive	Y	N	M
Fetal alcohol spectrum disorders	Y	N	M
Language delays	Y	N	M
Learning disabilities	Y	N	M
Mental deficit-suspected	Y	N	M
Mental deficit-confirmed	Y	N	M
Verbal apraxia/mute	Y	N	M

EMOTIONAL-BEHAVIORAL

Emotional issues	Y	N	M
Behavioral issues	Y	N	M
Hyperactivity	Y	N	M
Physical abuse-suspected or known	Y	N	M
Sexual abuse-suspected or known	Y	N	M

GASTROINTESTINAL

Anal atresia/imperforate anus	Y	N	M
Bowel incontinence/chronic diarrhea	Y	N	M
Colostomy	Y	N	M
Feeding/swallowing issues	Y	N	M
Feeding tube	Y	N	M
Gastroschisis	Y	N	M
Intestine malfunction/disease	Y	N	M
Liver malfunction/disease	Y	N	M
Malnourishment	Y	N	M
Megacolon	Y	N	M
Metabolic malfunction/disease	Y	N	M
Pancreas malfunction/disease	Y	N	M
Pyloric Stenosis	Y	N	M
Stomach malfunction/disease	Y	N	M

REPRODUCTIVE-URINARY

Bladder incontinence	Y	N	M
Bladder malfunction/disease	Y	N	M
Kidney malfunction/disease	Y	N	M
Ambiguous genitalia	Y	N	M
Genital malformation	Y	N	M
Concealed or inconspicuous penis	Y	N	M
Hypospadias	Y	N	M
Undescended testicles	Y	N	M

SEIZURES

Seizures-transitory, unknown cause	Y	N	M
Seizures-controlled with medication	Y	N	M
Seizures-uncontrolled	Y	N	M

SKIN

Albinism	Y	N	M
Angioma birthmarks	Y	N	M
Burns	Y	N	M
Congenital blue nevus	Y	N	M
Congenital nevus birthmarks	Y	N	M
Ectodermal dysplasia	Y	N	M
Epidermolysis Bullosa	Y	N	M
Hemangioma birthmarks	Y	N	M
Ichthyosis	Y	N	M
Port-wine stain	Y	N	M
Other skin diseases	Y	N	M

SYNDROMES

DiGeorge Syndrome	Y	N	M
Down Syndrome	Y	N	M
Fragile X Syndrome	Y	N	M
Noonan Syndrome	Y	N	M
Turner Syndrome	Y	N	M

VISION/EYE

Blindness	Y	N	M
Cataracts	Y	N	M
Glaucoma	Y	N	M
Loss of sight in one eye	Y	N	M
Missing one eye	Y	N	M
Nystagmus	Y	N	M
Ptosis	Y	N	M
Strabismus	Y	N	M
Vision impairment	Y	N	M

CANCER

Cancer in remission	Y	N	M
Cancer-active	Y	N	M

Other: _____

OTHER

Adoptive placement disruption	Y	N	M

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Signature of Applicant 1 Date

_____

Signature of Applicant 2 (if applicable) Date